

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/511,776	FILING DATE					
						APPLICANT(S)						
CLAIMS												
CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1	1	1			51					
2	1	1	1	1			52					
3	2	1					53					
4	1		2		2		54					
5	2		2		2		55					
6	2		2		2		56					
7	2		2		2		57					
8	2		2		2		58					
9	2		2		2		59					
10	2		2		2		60					
11	2		2		2		61					
12	1		1		2		62					
13	1		2		2		63					
14	2		2		2		64					
15	1	1	1				65					
16	1		1				66					
17	1		1				67					
18	1		1				68					
19	1	1					69					
20	1	1					70					
21	2		2				71					
22	2		1				72					
23							73					
24							74					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		5		2		TOTAL IND.					
TOTAL DEP.	30	27	20				TOTAL DEP.					
TOTAL CLAIMS	33	32	22				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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